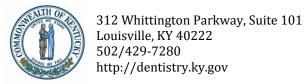
Fee	Date
Transcript	
License number	
Date of Issue	

FOR KBD USE ONLY

My commission expires _

Kentucky Board of Dentistry



APPLICATION FOR SPECIALTY LICENSURE

Name							
Last/Suffix	First		Middle				
Kentucky license number	$oxedsymbol{oxed}$ Current applicant for general c						
Applying for specialty licensure in (choose	one):						
☐ Dental Public Health	☐ Oral & Maxillofacial Radiology		\square Pediatric Dentistry				
☐ Endodontics	☐ Oral & Maxillofacial Surgery		☐ Periodontics				
\square Oral & Maxillofacial Pathology	☐ Orthodontics	☐ Orthodontics			☐ Prosthodontics		
after graduation from a dental school Do you agree not to practice dentistry 	DDA accredited graduate or postgradua?y outside of the scope of your specialty	except as provid	ded for in		es No		
Name of School/Program	Location	# of Years	Degree	Dates Atte			
I,		Attach a head and shoulders photograph taken within the past six months. No hats, please.					
Signature of Applicant							
State of)						
County of) ss)						
Signed and sworn to before me this							
day of	, 20						
SignatureNotary Public	require	Return your application, non-refundable fee, and other required information to: Kentucky Board of Dentistry					

312 Whittington Parkway, Suite 101

Louisville, KY 40222